

PHARMANCY SERVICES

PH.1

When indicated, the organization provides, or makes arrangements for the provision of, pharmaceutical services to meet the needs of patients. These services may be provided by agreement with another organization, through a community pharmacy, or through an organized pharmaceutical service within the organization.

PH1.1 The standards in this chapter apply to the organization's use of limited stock drug supplies.

PH.2

Whatever the arrangement, a pharmacist is responsible for the development of written policies and procedures to govern the safe storage, preparation, distribution, and administration of drugs in accordance with applicable law and regulation.

PH.2.1 A pharmacist performs the admixture of parenteral products and the compounding of pharmaceuticals.

PH2.2 A pharmacist is responsible for the following:

PH.2.2.1 establishing specifications for the procurement of all drugs, chemicals, and biologicals;

PH.2.2.2 participating in the development of an organization formulary, the existence of which does not preclude the use of unlisted drugs, and of a formulary system to be approved by the appropriate members of the professional staff;

PH.2.2.3 dispensing drugs and chemicals, including making provisions for dispensing drugs and chemicals in an emergency;

PH.2.2.4 filling and labeling all drug containers issued to departments/services or units from which medications are to be administered;

PH.2.2.5 implementing the decisions made by relevant professional staff committees concerning drug usage; and

PH.2.2.6 maintaining and keeping available in the pharmacy and patient care areas the approved stock of antidotes and other emergency drugs.

PH.3

Under the supervision of a pharmacist, an appropriately trained or experienced individual makes at least monthly inspections of all drug storage units, including emergency boxes, emergency carts, and stock drug supplies.

PH.3.1 A record of these inspections is maintained to verify that the following requirements are met:

PH.3.1.1 disinfectants and drugs for external use are stored separately from internal and injectable drugs;

PH.3.1.2 drugs requiring special conditions for storage to assure stability are properly stored;

PH.3.1.3 outdated drugs not stocked;

PH.3.1.4 distribution and administration of controlled drugs are adequately documented;

PH.3.1.5 emergency drugs are kept in adequate supply;

PH.3.1.6 an emergency box that meets the following requirements is maintained:

PH.3.1.6.1 the emergency box is made up in consultation with a physician,

PH.3.1.6.2 the emergency box is readily available to staff, but not accessible to patients,

PH.3.1.6.3 the contents of the emergency box are appropriate to the needs of patients, and

PH.3.1.6.4 the emergency box is inspected after use and at least monthly to remove deteriorated and outdated drugs and assure its content are complete; and

PH.3.1.7 the physician responsible for the emergency box provides a list of its contents and appropriate instructions for use.

PH.3.1.7.1 The physician responsible for the emergency box authenticates the list of its contents with his/her signature.

PH.4

Medication orders are written only by authorized prescribers.

PH.4.1 An up-to-date list of authorized prescribers is available in all areas where medication is dispensed.

PH.4.2 Telephone orders are accepted only from individuals on the list of authorized prescribers.

PH.4.2.1 Telephone orders are limited to emergency situations that have been defined in writing in the organization's policies and procedures manual.

PH.4.2.2 Telephone orders are accepted and written in the clinical record only by staff authorized to administer medication.

PH.4.2.3 Telephone orders are signed by an authorized prescribers on the next regular working day, but in all events within 72 hours.

PH.4.2.4 A written order signed by the authorized prescriber is included in the clinical record.

PH.5

Medication orders that contain abbreviations and chemical symbols are carried out only if the abbreviations and symbols are on a standard list approved by the physician members of the professional staff.

PH.6

Automatic stop orders exist for specified medications.

PH.7

In organizations that provide pharmaceutical services through a community pharmacy, medications require a written prescription from a physician or dentist member of the professional staff.

PH.8

If it is in accordance with applicable law and regulation and if it is approved by the physician members of the professional staff, staff members other than physicians, registered nurse, or license practical nurses administer medications under the supervision of a physician, registered nurse, or license practical nurse.

PH.8.1 A list of clinical staff who are authorized by the organization and by law to administer medications is maintained and updated regularly.

PH.9

In medical and nonmedical components, self-administration of medication is permitted only when specifically ordered by the responsible physician.

PH.9.1 The self-administration of medication is supervised by a member of the professional staff.

PH.10

Drugs brought into the organization by patients are not administered unless they can be absolutely identified and unless written orders to administer these specific drugs are given by the responsible physician.

PH.10.1 If the drugs that the patient brings into the organization are not to be used, they are packaged, sealed, and stored, and, if approved by the responsible physician, they are returned to the patient, family, or significant other(s) at discharge.

PH.11

The patient and, when appropriate, the family or significant other(s) are instructed about which medications, if any, are to be administered at home.

PH.12

Medications administered, medication errors, and adverse drug reactions are documented in the clinical record.

PH.13

The organization has a system under which the reporting programs of the U.S. Food and Drug Administration and the drug manufacturer are advised of unexpected adverse drug reactions.

PH.14

Methods exist to detect drug side effects or toxic reactions.

PH.15

Investigational drugs are used only under the direct supervision of the principal investigator and with the approval of the research review committee and either the physician members of the professional staff or an appropriate committee of the professional staff.

PH.15.1 A central unit is established to maintain essential information on investigational drugs, such as drug dosage form, dosage range, storage requirements, adverse reactions, usage, and contraindications.

PH.15.2 Investigational drugs are properly labeled.

PH.15.3 Nurse administer investigational drugs only after receiving basic pharmacologic information about drugs.

PH.16

The organization has specific methods for controlling and accounting for drug products.

PH.16.1 The pharmacy service maintains records of its transactions as required by law and as necessary to maintain adequate control of, and accountability for, all drugs.

PH.16.2 Records and inventories of the drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act are maintained as required by the act and regulations.

Staff Composition and Supervision

PH.17

When the organization has an organized pharmacy service, the director is a licensed pharmacist.

PH.17.1 The director may be employed on either a part-time or a full-time basis, depending on the scope of services provided.

PH.17.2 The director is assisted, as needed, by additional qualified pharmacists and ancillary personnel.

PH.18

Pharmacy assistants work under the supervision of a pharmacist and are not assigned duties that are required to be performed by only a registered pharmacists.

Pharmacy and Therapeutics Review

PH.22

The pharmacy service director receives orientation in the organization's specialized functions.

PH.23

A pharmacist participates in staff development programs for the clinical staff.

PH.24

As appropriate, a pharmacist participates in drug abuse education programs conducted by the organization.

PH.25

As appropriate, a pharmacist participates in public education and information programs relative to the organization's services.

PH.26

A medication administration training program approved by a physician is provided for clinical staff who administer medications.

PH.23.1 The content of the training program is stated in writing, is available for review, and includes at least the following:

PH.26.1.1 appropriate information about the nature of the drugs to be administered;

PH.26.1.2 supervised training in the administration of medications; and

PH.26.1.3 instruction in the expected actions and side effects of the drugs to be administered.

PH.27

Up-to-date pharmaceutical reference material is provided so that appropriate staff will have adequate information.

PH.28

Current editions of text and reference books covering the following topics are provided: theoretical and practical pharmacy; general, organic, pharmaceutical, and biological chemistry; toxicology; pharmacology; bacteriology; sterilization and disinfection; and other subjects important to good patient care.

Environmental Management

PH.29

Adequate precautions are taken to store medications under proper sanitation, temperature, light, moisture, ventilation, segregation, and security.

PH.29.1 All drugs are kept in locked storage.

PH.29.2 Security is maintained in accordance with applicable law and regulation.

PH.29.3 Poisons, external drugs, and internal drugs are stored on separate shelved or in separate containers.

PH.30

Drug preparation and storage areas are well lighted and are located where personnel will not be interrupted when handling drugs.

PH.30.1 Antidote charts and the telephone number of the regional poison control center are kept in all drug storage and preparation areas.

PH.30.2 Metric-apothecaries' weight and measure conversion charts are posted in each drug preparation area and wherever else they are needed.

